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HAWAII ADMINISTRATIVE RULES

TITLE 17

DEPARTMENT OF HUMAN SERVICES

SUBTITLE 12

MED-QUEST DIVISION

CHAPTER 1732

COVERAGE OF BLIND OR DISABLED PREGNANT WOMEN AND CHILDREN

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SUBCHAPTER 1

GENERAL PROVISIONS

§17-1732-1 Purpose. The purpose of this chapter is to establish the provisions to provide coverage to blind or disabled pregnant women and children under nineteen years old. [Eff 07/06/99; am 06/19/00]
(Auth: HRS §346-14) (Imp: 42 U.S.C. §1396 a)

§17-1732-2 Definitions. As used in this chapter:

"Federal poverty level" means the official income poverty guideline for the State of Hawaii as defined by the Federal Office of Management and Budget based on family size.

"Fee for service program" means the component within the state administered medical assistance program which reimburses providers for each eligible service provided.

"Medically needy standard" means the medical standard of assistance which is equal to the financial assistance payment standard for a family of the same size.

"Spenddown amount" means the amount of the individual's income in excess of the medically needy standard that is identified by the department as available to meet a portion of the individual's health care cost. [Eff 07/06/99] (Auth: HRS §346-14) (Imp: HRS §346-14)

§17-1732-3 General provisions. The confidentiality, administrative appeal, fraud, recovery, eligibility review, adverse action notice and application provisions described in this subtitle shall pertain to the coverage of a pregnant woman and a child in this chapter.
[Eff 07/06/99] (Auth: HRS §346-14) (Imp: HRS §346-14)

§17-1732-4 (Reserved)

SUBCHAPTER 2

ELIGIBILITY REQUIREMENTS

§17-1732-5 Non-financial requirements. (a) An individual shall meet the basic eligibility requirements set forth in chapter 17-1714.

(b) A pregnant woman shall be exempt from assisting the State in establishing paternity.

(c) An individual shall be certified as blind or disabled according to the criteria employed by the Social Security Administration and shall meet the following requirements:

(1) Be medically verified as pregnant with an estimated date of delivery; or

(2) Be under age nineteen.

(d) An applicant under age nineteen, whose financial eligibility is established under section 17-1732-6(c), shall be uninsured and has been uninsured for the entire three consecutive months immediately preceding the month in which eligibility for medical assistance is determined. For the purposes of this subsection, "uninsured" means not covered by a medical plan, which includes but is not limited to, QUEST-Net coverage. This provision does not apply to a child whose health coverage:

(1) Is terminated due to loss of employment of a parent subscriber;

(2) In a group health plan is extended as a result of loss of employment of a parent subscriber and such coverage is terminated;

(3) Is terminated due to termination of a parent subscriber's employee health benefits as a result of a long-term disability; and

(4) Is terminated when a parent subscriber is no longer eligible for employer sponsored health care coverage through the employer as a result of becoming under-employed. For the purposes of this paragraph, "under-employed" means working less than the minimum twenty hours per week that requires an employer to provide health care coverage to an employee as required by the Hawaii Prepaid Health Care Act. [Eff 07/06/99; am 06/19/00]

(Auth: HRS §346-14) (Imp: 42 U.S.C. §1396a; Pub. L. No. 105-33)

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§17-1732-6 Financial requirements. (a) Assets shall not be considered in determining eligibility.

(b) An individual whose countable family income does not exceed the following income limits shall be financially eligible for assistance:

- (1) One hundred eighty-five per cent of the federal poverty level for a pregnant woman, whose family size includes the number of unborn children expected;
- (2) One hundred eighty-five per cent of the federal poverty level for a family of applicable size, for a child less than one year old;
- (3) One hundred thirty-three per cent of the federal poverty level for a family of applicable size, for a child age one but under age six; and
- (4) One hundred per cent of the federal poverty level for a family of applicable size, for a child age six but under nineteen years of age who is born after September 30, 1983.

(c) An uninsured applicant under age nineteen, whose countable family income exceeds the appropriate income limit under the provisions of subsection (b) and the optional and mandatory categorically needy coverage groups in chapter 17-1721, but does not exceed two hundred percent of the federal poverty level for a family of applicable size shall be financially eligible for medical assistance. This provision shall not apply to a recipient.

(d) When an applicant does not meet the non-financial requirements of section 17-1732-5(d) eligibility for medical assistance shall be determined by applying the requirements of chapter 17-1721.

(e) For a recipient, eligibility for medical assistance shall be determined by applying the requirements of chapters 17-1721 or 17-1728 when the recipient's countable family income exceeds the appropriate income limit.

(f) An individual whose monthly countable family income exceeds the standards specified in this section shall not establish eligibility by spending down to the income limits in this section. The individual shall be required to spend down to the medically needy standard.

[Eff 07/06/99; am 06/19/00] (Auth: HRS §346-14)
(Imp: 42 U.S.C. §1396a; Pub. L. No. 105-33)

§17-1732-7 Treatment of income. (a) The income provisions described in chapter 17-1724 for the blind and disabled programs shall be used to determine non-exempt income.

(b) The countable family income shall be determined in the following manner:

- (1) For a pregnant woman and a child under nineteen years old who is born after September 30, 1983:

(A) Subtract a standard deduction of ninety dollars from the monthly gross earned income of each employed individual; and

(B) Add the monthly net earned income for each employed individual as well as any monthly unearned income.

- (2) For all other family members, add the monthly gross earned income of each employed person and any monthly unearned income.

[Eff 07/06/99; am 06/19/00] (Auth: HRS §346.14; 42 C.F.R. §435.601) (Imp: 42 C.F.R. §435.601)

§§17-1732-8 to 17-1732-9 (Reserved)

SUBCHAPTER 3

DETERMINING CONTINUED ELIGIBILITY

§17-1732-10 Continued eligibility for a pregnant woman. (a) A woman whose eligibility is established in accordance with this chapter shall retain her eligibility throughout her pregnancy.

(b) Eligibility shall continue for a sixty-day period following childbirth until the end of the month in which the sixty-day period ends.

[Eff 07/06/99] (Auth: HRS §346-14) (Imp: 42 U.S.C. §1396a)

§17-1732-11 Continued eligibility for a child.

(a) A newborn child shall continue to be eligible until the end of the sixty-day period set forth in section 17-1732-10, provided the newborn continues to be a member of the newborn's mother's household during the sixty-day period.

(b) A child's eligibility shall be redetermined for the first month following the month in which the

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child attains the maximum age under which eligibility is established in this section.

(c) A child whose eligibility is established as specified in this chapter is eligible for all covered services, to include inpatient services, up to the maximum age specified in this section. The financial requirements set forth in this chapter shall be met. [Eff 07/06/99] (Auth: HRS §346-14) (Imp: 42 U.S.C. §1396a)

§§17-1732-12 to 17-1732-14 (Reserved)

SUBCHAPTER 4

COVERAGE

§17-1732-15 Method of coverage. (a) Eligible individuals shall be provided coverage on a fee for service basis.

(b) A medical assistance identification card or coupon shall be issued as proof of eligibility for coverage.

(c) A medical assistance identification card or coupon shall be issued as specified in the general provisions for fee for service medical assistance in this subtitle. [Eff 07/06/99] (Auth: HRS §346-14; 42 C.F.R. §431.10) (Imp: 42 C.F.R. §435.930)

§17-1732-16 Effective date of coverage. (a) Medical payment for covered services shall be authorized for eligible persons beginning the first day of the month of application.

(b) Medical assistance shall be authorized retroactively effective the first day of the third month prior to the month of application as described in the general provisions for fee for service medical assistance in this subtitle. [Eff 07/06/99] (Auth: HRS §346-14; 42 C.F.R. §431.10) (Imp: 42 C.F.R. §435.914)

§17-1732-17 Scope and content. An individual who is eligible under the provisions of this chapter shall be entitled to the services allowed in the scope and contents of the fee for service program described in

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this subtitle. [Eff 07/06/99] (Auth: HRS §346-
14; 42 C.F.R. §431.10) (Imp: 42 C.F.R. §440.210)

§§17-1732-18 to 17-1732-19 (Reserved)

